

FILED FEB 10 1943

Registration District No. 167

Primary Registration District No. 4253

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Kingsville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Kingsville, Missouri.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 73 years  
years, months or days

3. (a) PRINT FULL NAME SAMUEL SAULSBURY BAY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race cauc

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Katie Elizabeth Bay

6. (c) Age of husband or wife if alive dec d years

7. Birth date of deceased February 12, 1969  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>11</u>	<u>19</u>	hr. min.

9. Birthplace North Kingsville, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business on farm

MOTHER FATHER {

12. Name Hugh Bay

13. Birthplace unknown Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Belle Wayne

15. Birthplace New Castle Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Perry Bay

(b) Address Kingsville, Mo.

17. (a) Burial (b) Date thereof Feb. 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingsville, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) Feb. 4, 1943 (b) Gladys Ferguson, Reg.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Kingsville  
(If outside city or town limits, write "RURAL")

(d) Street No. none--West Kingsville, Mo.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1  
year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Nov 3  
1941 to Jan 1 1943  
that I last saw him alive on Jan 31 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:

Acute Endocarditis

Due to Chronic myocardial degeneration

Due to Chronic nephritis, and prostatic

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

23. Signature Gladys Ferguson (M. D. or other)

Address Hollins, Mo. Date signed 2-3-43

1002

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*M. S. Conroy*

Licensed Embalmer No. 3434

P. O. Address Folden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.